

 <b>Racine County</b> W I S C O N S I N	<i>For Official Use Only:</i>  Received by the Racine County Clerk on:
<h1>Claim Against Racine County</h1>	
Claimant's Name: <b>SHERRY JAMES, mother and next of kin to Malcolm Isaiah James</b>	
Mailing Address: <b>c/o O'Connor Law Firm, Ltd. 19 S. LaSalle, Suite 1400</b>	
City: <b>Chicago,</b>	State: <b>IL</b> Zip: <b>60603</b>
Phone Number: <b>312-906-7609</b>	E-mail Address: <a href="mailto:Firm@koconnorlaw.com">Firm@koconnorlaw.com</a>
Date of Accident/Incident/Loss: <b>May 30, 2021</b>	Time: <b>Unknown</b>
Location of Accident/Incident/Loss: <b>Racine County Jail – Loss of Life</b>	
County Department Involved: <b>Racine County Sheriff Department</b>	
Amount Claimed: <b>\$20,000,000.00</b>	<b>NOTE:</b> Attach itemized receipts for amount(s) claimed.
<b>Description of Accident/Incident/Loss:</b> Provide a detailed description of the events that caused your claim including the location and specific address, if possible. State how Racine County or its employees were at fault. Include any supporting documents such as estimates, police reports, witness statements, etc. Attach additional pages if needed.	
<p>The Racine County Sheriff's Department, used excessive force and showed utter indifference to his medical needs resulting in his death.</p>	
I declare under penalty of perjury that the foregoing is true and correct.	
Date: <b>8/10/2021</b>	Signature: <small>DocuSigned by:</small>  12F3FB4E404F41C...